

Neighborhood Assistance Program Services Contribution Data Sheet

To Be Used For Donated Business Staff Time for Professional and Contracting Services
(Use an additional Sheet of Paper if Necessary)

PRINT NAME OF BUSINESS: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

JOB TITLE	TYPE OF SERVICES PROVIDED TO NAP ORGANIZATION	DATE (List each date separately)	HOURLY RATE (excludes fringes)	TOTAL HOURS WORKED	TOTAL VALUE (Rate x Hours)

NOTE: Other formats providing the same information will be accepted. Sign and attach this form to the CNF or other format and return to the NAP Organization.

CERTIFICATION BY BUSINESS DONOR: I certify that the value of the donated service(s) was determined by the standards stated in the instructions and does not exceed the statutory maximum. I also certify I will not receive any type of compensation or reimbursement for the donated services nor will my company receive any compensation. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services.

Date

Signature of Donor